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Communications.

ELEVATION OF STANDARD IN THE MEDICAL PROFESSION.

By WM. MASON TURNER, B. PH., M. D.,
Of Philadelphia.

It is with no little reluctance that this paper is presented to the profession. I feel like offering an apology, for spreading on the leaves of a medical journal such an article—and I do offer an apology;—on what that apology is based, I leave to the discriminating reader to discern. I am not desirous of laying myself open to attack or criticism, or to have my motives misinterpreted, through the views I hold on a popular subject. In our profession there are many, I fear, who will eagerly and earnestly charge me with arrogance,—credit me with undue assumptions, and deny me the right of stand-point, from which I have taken the liberty to view and review the medical standard of to-day. So then, I simply desire to say: My aim has been good—my desire has been in truth, to add my mite of honor to our noble profession, and that I have written in no carping or cavilling mood. To the others of the profession, whom I will not particularize by a distinctive title, I desire to offer no insult, by finding excuses for the strictures, just and true, they will admit, found in the following pages.

It is a matter of general report, and of equally general regret, that the medical profession in the United States does not on the whole occupy a very commanding position. We may often see members of it, who so far from being a credit to it, would bring discredit upon any profession. Though this is to some extent true of all professions, it is no doubt truer of the medical than of any other profession. In short, whatever may be said of individuals, of their great learning, splendid talents, with attainments, and accomplishments, yet taking the profession as a whole,

and striking the average between the excellencies of some and the deficiencies of others, it will, I think, fall below the position occupied by other professions.

Compared with the other students of our colleges and universities, medical students—I regret to say it—are decidedly, almost confessedly, inferior. In one of the most distinguished universities of the country, the medical class bore the unenvied title of "Buzsards"! This was at an institution, too, different in some respects from every other in the country,—in this one particular markedly so—a high standard requirement, as regards graduation. This fact, with which the writer is well acquainted, shows what kind of men are generally selected to be manufactured into doctors.

It has perhaps been noticed by every candid observer of sufficient capacity, that men are frequently set aside for the medical profession, simply because they are considered unfit for any other! A family grows up, with several sons to be disposed of, one way or another; and while the most talented choose the bar or the pulpit, the latter "called," we trust—it is a notorious fact that the "fool of the family" is chosen,—not as in the case of PERCY SIMPLE, to fight the battles of his country, but—pardon the strong though truthful language—to murder his fellow-men under the sanction of a Doctor's diploma!

I have given above, what I consider a plain statement of facts. They may be verified by any one who will put himself to the trouble of looking around him. I shall assume it then as admitted, that the medical profession of this country stands comparatively low. That this ought to be the case, few perhaps, if any, would venture to assert. The true physician is one of the greatest benefactors of humanity. He is, and must be a philanthropist, in act, at least, where all others fail. His object is to lessen or remove the physical ills to which flesh is heir; to restore the organs to their normal functions; to secure or replace the physical condition of the "corpus sanum," without which there can be no such thing as the "mens sana," to save human life, which was breathed into man by the Creator himself, a gift so sacred—so transcendently important,

that no one should be deprived of it, except for the gravest of causes, and which, in the opinion of writers, as eminent for their talents, as for their theoretical and practical philanthropy, even society itself has no right to deprive a man of. But when we compare the object of the profession with the representatives of the same, the contrast is too often painfully striking.

In the present state of the world, there is a need for men of every honorable profession; and it is useless, perhaps unphilosophical, to claim that any one profession is more useful than any other of equal grade. I shall not, therefore, assume that we could better dispense with lawyers or other professional men, than with doctors. As long as humanity wears its present features, men will litigate, men will commit cruel wrongs, men will commit crimes, men will get sick. And just so long, lawyers and doctors will find employment. But granting the utility and inherent dignity of medicine, as a science and a profession, to be at least equal to those of the law, it seems strange, that in regard to lawyers, our colleges and the public generally, require a standard almost superfluously high, while the standard required for graduation as a physician is, simply, no standard at all; that ignorance of law should be an infallible cause of failure; that a lawyer should be laughed down for exhibiting ignorance of his profession, and ignorance generally, while greater ignorance by no means disqualifies a doctor from practising his profession. I will, with some diffidence and a great deal of shame, give some examples of ignorance on professional, as well as unprofessional subjects, displayed by medical students, and by regular graduates, occupying positions of responsibility and honor. "Ex uno disce [ere] omnes."

Among the graduates, at a prominent Philadelphia medical school, in the year 1858, was a student, who did not know the meaning of "matriculate"—(I do not mean in its derivative sense, but in its practical signification) nor "preceptor"; and in the same college, was one, who did not actually know his post-office, or whether or not he had one! I have known at the smallest figure, for I have kept a statistical account, two hundred who knew not a word of Latin or Greek, and about the same number who could not write a prescription of three component parts correctly, either in Latin or English. I knew a medical officer in the Confederate service, who knew not the constituents of blue-mass, or the Dover powder. I knew a Surgeon in the United States Army, who Latinized sugar thus—*sacchar*; and who spelt, *laq assafetida*, phos-

phetically thus: *laefurdaddy!* Also, ol: anisi—ol. anesi!

Such are the results of our so-called standard for graduation in medicine. In reality this standard should be higher than for graduation in law. When a man comes before the public as a lawyer, he assumes a position in which, if his exact amount of talents cannot be well ascertained, yet it will very soon be known, whether he possesses any or none. But very few men are capable of deciding whether a man is or is not a good physician. The science of medicine is one of which non-professional men are so very ignorant—whatever they themselves may think on the subject—that the choicest of them are often deceived by quacks. Many circumstances conspire to make quackery an institution, as it were, of this country; among others, the peculiar nature of the science of medicine, and the general gullibility of man, and especially the existence of free institutions. In England, France, Germany, Russia, Europe generally, it does not exist as it does in the United States; and is always bound by wise restrictions, which it is needless here to enumerate. But whatever its origin, its effects upon society are distressing. Even the waste of money in purchasing nostrums, absolutely worthless, leaving out of question all inferable harm, is enormous; for it is a notorious fact, that three persons out of five will prefer a patent medicine to the prescription of a physician, in whom they may have great confidence. A quack medicine is successful—peculiarly—*not* from its inherent virtues, but upon its daily heralding in print before the public, and its endorsement, strange to say, by clergy-men. This is the plan pursued by quack nostrum-vendors. Nor is it incompatible with the position I have assumed, that men should prefer a highly lauded quack article to the advice of a regular physician; for, fortunately perhaps, our reflecting men are aware of the comparative deficiencies of the medical profession. They should steer the middle course, but unwisely they exchange Scilla for Charybdis.

If what I have written above is an accurate representation of the real state of opinion and of facts in regard to the medical profession, it may be of importance to trace the causes thereof, as well as to suggest remedies.

As regards the Causes, I think it might be said that the fault is partly that of the colleges, partly that of the public. The public at large are satisfied with too low a standard; college authorities do not exact one sufficiently high. The colleges are,

however, chiefly to blame. This may seem like arrogance in me, but it is true; for if the officers of these reject only about one applicant out of a hundred, I cannot see that the public are much to blame, except for encouraging them. Moreover, the officers of our institutions of learning should be such in point of abilities, as to know, long in advance of the public, what reforms are needed, to what extent, and in what direction; and this too, despite the circumstances above mentioned, which, to some extent, endanger the present state of affairs. It is very certain that the colleges themselves do not attempt, or have not attempted, a reform in this respect. The standard of a large majority of them, at least, is quite a farce. Is my language harsh, or is it not? In some colleges, rejection of a candidate has not been recorded in a single instance. It seems, indeed, that no man of three ideas fails to get a diploma. The consequence is, that medical diplomas are quite common, and, indeed, so easily obtained, that they are of but little value. In our best colleges the standard is moderately fair, but they are no test for a student's capacity, as that student is just ten minutes before fresh from a quiz or shuffling room. This objectionable feature to be referred to generally, with its remedy, perhaps, again.

The graduate may be, and in a great many cases is, well worthy of a diploma from any school; but when a man, a thousand times his inferior in every respect, possesses a similar diploma from the same school, that diploma can scarcely be reckoned a true evidence of his professional qualifications.

As reform in the question of standard is so necessary, and the colleges will not inaugurate it, I suppose it must start, as other reforms have started, from the thinking men of the community, who usually perceive truths at least a generation in advance of those whose business it is to put them into practical operation. I am by no means egotist enough to place my humble self among these thinking ones; but they exist. The great reforms in legislation, in politics, in religion, have all originated in this way. The laws regulating commerce, the laws of political economy generally, the principles set forth in the English revolutions of 1648 and 1688, and in the great French Revolution, which bathed in blood the last years of the 18th century, had been current among philosophers years before they were practically applied by rulers and legislators. Perhaps the same will have to be true, in regard to the science of medicine. And it must be confessed that for medical colleges, as at pre-

sent established, to adopt a high standard, would be pursuing a policy to some extent suicidal, in a pecuniary aspect. It is natural, that they should feel indisposed to adopt a policy, which, though very beneficial to the public, would nevertheless be so at their expense. This fact has, no doubt, a great deal to do with the present status of the medical profession among us. Many laymen, unfit for the practice of medicine, or for anything which necessitates mental labor—study, medicine, simply, because they can easily obtain a diploma. To lower the standard, the larger will this class of students be. And it is not true, that inefficient graduates, in other departments, are equally injurious to society—for the simple reason—they have not the means nor the opportunity for becoming so. But the tide of doctors still pour in. If the mills of the gods gried slow, those of medical colleges do not; and from competition, desire of patronage, a wish to repay that patronage, with some "quid pro quo," how ever useless to the recipient, and dangerous to society; in a word, chiefly, no doubt, from the desire of pecuniary emolument, medical colleges offer remarkable facilities for graduation,—their halls are crowded with students, and every county has a dozen men, whose only business is to do badly, what true men might do well, to the benefit of society and of themselves.

This matter is more serious than many would, at first view, be apt to think it, and it is one in which all are to some extent interested. Instances of malpractice are frequently met with in our law reports, and men have been severely dealt with for what, in this respect, the law is pleased to consider a crime. The fact is, that malpractice is a serious crime, a crime of so dangerous and subtle a nature, that the courts should put it down whenever they can. But I think they commit one very material error—they mistake the criminal—they punish the wrong party; instead of the ignorant physician, it is the college which granted him the diploma, which should be indicted and prosecuted.

The status of the medical profession, as regards its standard in general, is attracting the attention of physicians, as may be seen from the Report on Medical Education, presented by Dr. SMITH, at the recent session of the American Medical Association. This leads me to say something about the remedies for the existing state of affairs in the medical profession. Dr. SMITH's report recommends in substance the following:

1st. That every applicant for matriculation be required to show, by certificate or examination, that he has a thorough knowledge of the com-

mon English branches of education, including the first series of mathematics, elements of the natural sciences, and a sufficient knowledge of Latin and Greek to understand the technical terms of the profession.

2d. That a student be required to study four years, three of them being "regular annual courses of medical college instruction," before being examined for graduation as Doctor of Medicine.

3d. That the minimum duration of such a course shall be six calendar months.

4th. This resolution is long, and enters into details, the most important of which are these: that there shall be at least nine professors to teach the several branches of study; that these several branches shall be divided into three series, termed respectively the sophomore, the junior, and senior; that each of these series shall occupy the student one term, at the end of which he is to be submitted to a thorough examination; and at the end of the third term, the student shall be eligible for a general examination for the degree of Doctor of Medicine.

5th. That attendance at lectures and other exercises is to be noted, and a certificate, specifying time and courses attended, shall be the only evidence of such attendance.

Simply stating my general approval of the above recommendations, I pass on to notice some additional features, the adoption of which would, I think, improve the scheme as presented by Dr. Smith.

1st. In regard to an Examination for Entrance.

Many institutions of learning are quite exacting in this respect, either nominally or really, and they require students to pass an examination as well for entering college at all, as for entering particular classes. Many writers advocate the adoption of a similar system by our medical colleges, as is the case especially in some parts of Germany and Russia, where it is even said, the examination for entrance is more rigid than in the United States for graduation. In regard to this point I wrote to a learned friend, to get his opinion as to the utility or non-utility, or advisableness of an examination for entrance. I differ with his opinion, though it is one well worthy of consideration. For the sake of learning what might be called the "other side," I will quote the gentleman's opinion entire.

"In regard to our literary institutions, certainly, and perhaps also in regard to our medical colleges, I am disposed to doubt the utility of a preliminary examination prior to entrance. Such examinations are seldom sufficient for founding a decisive

judgment. A teacher cannot form a just opinion of a pupil's capacity or acquirements from a single prepared recitation; far less from one in which the student is wholly unprepared, and one which circumstances generally make him feel and seem less prepared than he actually is. It is very frequently the case, that students are sent home who are more capable than many who are received; and of the number received, many have subsequently to be re-classed, the preliminary examination having seemed wholly futile. It is better, no doubt, for all colleges and universities to have their standards as high, from the first, as they ought to be, and to matriculate every candidate, whether or not intellectually qualified, but never to graduate any one who falls below the standard. And I believe it to be true, that in colleges which adopt the examination system, entrance is about the most difficult part of the course, very moderate study throughout the period necessary for completing the curriculum almost always insuring a diploma."

To the above I would respectfully reply: I think, of course, that the examinations should be judicious, and carried on especially in a judicious manner. "Junctis juvant." If the objection, as above, is altogether true, then no examination, final or otherwise, is a test of ability. In our army and navy boards, there is much to overawe and frighten men; yet the old method, with a standard still higher, if possible, is still adhered to. The preliminary examination which I would advocate, is not intended to find out what an applicant may know of medicine; he is supposed to learn that science only when admitted within the walls of the college, but it is to determine satisfactorily if that student has a general education sufficient, and mind and reasoning power enough to warrant him to begin the study of medicine, by no means a trifling or puerile task. Surely, if a man has any faculty, and if he can command that faculty anywhere, he should be able to do so in this examination, in order to let those desiring it, know that he possesses certain qualifications.

Again, this preliminary examination would, in the end, be labor-saving; for if Tom, Dick, and Harry were indiscriminately matriculated, imagine what a dreadful slaughter there would be when the "high standard" would be brought to bear upon them! It seems to me, it is better to start with a class prepared to study, than to start with one from which, day by day, it would be incumbent upon the college officers, to winnow.

2d. *Oral Examinations Daily.*

By this means even a very large class may be examined, and that rigidly on the subjects previously discussed. All students who have been instructed this way, well know that they can thus frequently learn more than during the lecture itself. The introduction of such a system of examinations might demand a curtailment of the daily lectures, so far as number is concerned, and this would necessitate a lengthening of the term. This we have already endorsed as desirable. Are there any minds capable of digesting, within five months, a complete course of medical lectures?

The system of oral examinations is, if I am correctly informed, adopted in the medical departments of both Harvard and Yale Colleges.

3d. *The requirement of a certain amount of liberal culture and independent thought.*

The intimate relations of the several arts and sciences, is a theme of striking interest. So close, indeed, is the union in question, that no one can well or thoroughly understand any one science, without being, to some degree at least, acquainted with other sciences. So close, too, is this union and relationship, that a discovery in any one science will frequently throw light on some other, in a way wholly unexpected. Examples might be cited *ad libitum*. The readers of Mr. HUGH MILLER's beautiful lectures in his several geological works, especially in his master-piece—*The Testimony of the Rocks*—will readily recall the important relations which the lecturer establishes between natural and revealed religion and the study of the rocks. But positions so obvious as the above, need scarcely be maintained in many words. All persons of reflection will admit their truth, and will recognize the claim which society has upon its professional men, to possess some degree of liberal culture.

At the same time, the standard in this respect need not be superfluously high. There is no necessity for an applicant for matriculation (if an examination be required for entrance) or for graduation, being intimately acquainted with the minutiae and details upon which the several sciences are based; but he should be acquainted with at least the leading conclusions of general science, especially of those departments of science which can be of use in the study or practice of his own.

But the second half of the above requirement is far more important, *i. e.*, the possession of a certain amount of independent thought, of a trained mind, of a mind habituated to think for

itself, to decide promptly and accurately upon what to others would be insufficient data, to grasp readily the salient points of a subject. In none, except the demonstrative sciences, can principles be laid down which are wholly independent of circumstances. Though generally and nearly always appreciable, yet it would not do to apply them at all times. Moreover, circumstances may arise which were not contemplated when the general principle was laid down. In such an emergency, the possession of a trained mind is of inestimable importance. Without it we are completely adrift,

in the vast waters of a science, with no helm, with no compass, without even a star to point out a way of escape.

The application of this general principle to the practice of medicine is obvious. And, while it is true of all sciences that are practical, it is emphatically true of the science of medicine, in which the stake is of incalculable value, being the health, and frequently the life of a fellow-creature.

The best means for securing this requirement are not wholly agreed upon. Persons of different educational theories entertain different and sometimes opposite views of the subject. Some advocate for this purpose, the study of mathematics, in a part or all of its branches; some, the study of psychology; others, again, the study of languages. I shall not stop to discuss the relative merits of these several methods of education, but shall only call attention to the fact, that to derive much profit from either of them, especially from the last two, we must go through a process of careful and elaborate training.

The great advantages in point of mental discipline of the Latin and Greek languages, have as a general thing, been sufficiently recognised. It is true, that at times there have been strong reactionary movements against their study; and very frequently now, are writers found, who not content with merely advocating the claims in this respect of mathematics, or of the natural sciences, attempt to moderate or deny altogether, those of the ancient languages. But upon the whole, the weight of authority decidedly favors the accurate study of these languages for disciplinary purposes. Goethe has said with equal force and pithiness—"Wer fremden sprachen nicht kennt, weiss nichts von seiner eigent." Apart from the disciplinary value of the ancient languages, the study of languages in general, is of very decided utility—in the ability thus imparted, of reading scientific works in the languages in

which they are written. Most of our best works on scientific subjects, are either in German or in French. Large numbers of them have never been translated, and are consequently wholly inaccessible to a student, who knows no language, save his own.

I shall now speak of the value of a knowledge of the languages of Greece and Rome, as bearing upon the nomenclature of science.

The complaint is frequently made from sources, from which we would not expect it, that the English language should not borrow its scientific terms from another language—especially from dead languages. I mean that this complaint is often made by good English scholars. The complaint proceeds from false pride, and an undue admiration for our own language. It is very true that the Anglo-Saxon which constitutes the main element—the ground work of the English language—did possess marvellous facilities for inflection and composition. This language was, according to FREDERICK SCHLEGEL, the original common language of all the Teutonic tribes. It received its greatest development in the reign of Alfred the Great, at which time it was a highly polished language—more homogeneous and consequently more vital and organic than the present High-German. It is very certain that the English, as a spoken, and written language, has lost considerably by the disuse of Anglo-Saxon terms, and the introduction of foreign words and expressions. At the same time, even in its palmy days, the Anglo-Saxon did not possess, and owing to the nature of things, never could have possessed, such wonderful powers of composition, as characterized the Greek language. Whatever, the Anglo-Saxon might have become if left to itself, it was not left to itself, and owing to the constitution of modern society, it is scarcely possible that it could have been. Contact with other languages, as well as the laws of development of the human mind, would have caused the Anglo-Saxon, like all other modern languages, even the modern Greek, to lose its powers of composition, and inflection, to become what the philologists call an *analytical* language. Consequently had the Anglo-Saxon possessed, in this respect, powers equal to those of the Greek, and even had modern English inherited all of these powers, still, owing to the very constitution of modern nations, and the tendencies of the human mind, these powers would have gradually decayed, and been in a great measure lost.

But there are other reasons, perhaps more decided, for not adopting an English nomenclature, even were the English language capable

of supplying one. All other nations would have an equal right to form one, and consequently there would be no general language for science. This was a favorite idea of M. LE DR. PLOUX in regard to the French language some years ago.—Science demands and deserves a language of its own—a universal language, comprehensible by all scholars, fixed in its forms. The circumstances are somewhat similar, and as far as similar are equally urgent—to those of Europe, from the fifth to the tenth century, when the Latin had been corrupted, and when every village had its jargon dialect. In those days of embryonic modern Europe, not only were the hymns of the Church composed in Latin—not only was Latin the language of the learned, but it was also the vehicle—however mutilated and imperfect—in which even the common soldier, gave vent in poetry, to his rude, but impassioned strains. The Latin was, although many corruptions had speedily crept in—a *fixed* language, and as such, not subject to the mutations which reigned in the dialect of every country and village. *It was the only language by which the world could then be addressed.* (SISMONDI: *Literature du Midi*, vol. I. p. 33).

Science then, should have a nomenclature peculiarly its own, not French, nor German, nor English—not wavering and mutable, but *fixed*, a language for the acquisition of which, men of all nationalities have good, if not equal facilities. These requirements can be met only by the Latin and Greek languages. And the Greek especially, is the most admirable language for scientific purposes, that the human mind has ever developed. So copious was it in formative terminations, that among other striking features, it possessed two sets of potential adjectives, the one denoting *active*, the other, *passive* power—e. g., *Πυρρὸν*—that which can make; *ἥμερον*—that which can be made. (HAMILTON's *Lectures on Metaphysics*, p. 123).

It might be objected that if such a standard as is above sketched were adopted, too few could attain it. To this I make two replies:

1st. Granting the objection to be valid, some at least could attain to the standard—say the twelfth part, of those who actually graduate as Doctors of Medicine. One man possessing the above qualifications would be of far more service to a community, than a dozen men with only the qualifications now required.

2d. In point of fact, the standard would not thus be made comparatively unattainable. It is not intended, in requiring a certain proficiency in Latin and Greek, that a medical student should

be a SCALIGER, a BENTLEY, a PORSON, a GRIMM, a SCHLESSEL or a DIEZ. Moreover the demand would create the supply. A fine opening would be offered for the exercise of talents which now go into the other professions. And although the number of graduates in medicine would be much smaller than at present, yet that number would be large enough for practical purposes. The *esprit du corps* would be immeasurably elevated, to the great benefit of the country, as well as of that noble band which really constitutes the medical profession—whatever might be the effect upon the numerous medical colleges, which are now conferring their diplomas which might be termed to a great extent, worthless—upon graduates equally worthless.

Then might the scathing words of SIMON SARRA, in regard to the medical profession, be falsified for the future, however true in the past. The lecturer while defending his subject (Metaphysics,) against assaults which it has received on account of the "absurdities or extravagancies" of many of its advocates, uses the following quasi, *argumentum ad hominem*: "I have surely an equal right to take up the moldy errors of all the other sciences: to reproach astronomy with its *vortices*, chemistry with its *philosopher's stone*, history with its *fables*, law with its *cruelty and ignorance*, and if I were to open this battery against medicine, I do not know where I should stop. ZINZIS KHAN, when he was most crimsoned with blood, never slaughtered the human race as they have been slaughtered by rash and erroneous theories of medicine." (Sketches of Moral Philosophy—Introductory Lecture, p. 15).

These severe remarks are directed against a profession, which in the language of the most brilliant French prose writer of the 19th century, comprise "Une classe d'hommes que les sciences et l'humanité réclament également." (Chateaubriand: Génie du Christianisme, vol. I. p. 144.) Is it not then incumbent upon us, so to prepare ourselves for meeting the claims of science and humanity, that the practice of the present day may be less destructive to mankind, than the theories of the past?

Nov. 20, 1867, 1428 North Seventh St.

APPENDIX.

On rereading this paper, I have thought it would not be uninteresting to the profession to sketch in brief the requirements in Prussia and France, to be observed before a diploma in medicine will be granted.

In Prussia there are four faculties (of medicine, law, etc.,) in every university, (they have univer-

sities, not colleges, in Prussia; a distinction with a difference.) Before going before either of these faculties, the candidate must have successfully passed through what is termed the *gymnasium*. This *gymnasium* consists of nine classes, and each class consumes one year. The pupils study there, by gradation, ancient and modern languages and literature; mathematics as high as calculus; natural sciences, ancient and modern history, geography, philosophy, ethics, drawing, and gymnastics, as we understand the word. The pupils are transferred from time to time, according to ability, tested by examinations. Finally, they are submitted, at the end of the course, to a rigid examination before a commission consisting of Government and Institute (*gymnasium*) officers. Only after this are they allowed to matriculate in the medical department of a university. Once in college, they are (or were prior to 1862) compelled to study four years. I learn that the time has now been increased to five years. These four years, as before 1862, consisted of eight sessions or courses, in the first four of which are studied natural sciences, logic, psychology, physics, chemistry (organic and inorganic); also anatomy and dissecting, *two terms each*. Anatomy is subdivided into osteology, comparative anatomy, etc., physiology, and *materia medica*.

After the fourth, and before the sixth session, all are called upon to pass an examination, which is final, before being allowed to continue. From the sixth session to the end of the course, are studied, practice of medicine, pathology, therapeutics, pathological anatomy, obstetrics, diseases of women and children, the microscope and microscopical anatomy; surgery, theoretical and practical, (including all operations and bandaging,) and eye and ear diseases, (specialties.) During the last three sessions, the students are likewise employed in the character of charity doctors in dispensaries; and at the bedside, under experienced teachers, must diagnose and prescribe. At the end of this eighth session a thesis must be written in Latin, and a discussion on some medical subject must be conducted in the Latin language in the *aud* of the college, before professors and the public.

The first examination referred to above, between the fourth and the sixth sessions, is called the philosophical examination. If a candidate be rejected at this, by applying to the Minister of the Interior, he is generally allowed one more trial, but that is final. This is called the *examen* (or *teutamen*) *rigorosum*. At last, the candidate is graduated M. D., but is not yet permitted to

practice medicine. To get this privilege, it is necessary to pass what is called a *state-examen*, or examination by state authorities (medical). If successful, he receives his licentiate.

In France, any student can attend the École de Médecine as long as he pleases, and without a primary examination. There are no recitations. When the student offers for graduation, he is submitted to a most rigid examination, by which his general education and knowledge are tested, as well as his professional capabilities. After exhibiting satisfactory evidence of his attendance on lectures, the candidate appears before the *concours*, when he meets a dozen or more of the élite of the profession, each one of whom, in turn, subjects him to a terrible ordeal. He then discourses extemporaneously on any subject which may be given him. And then his practical knowledge is tested at the amputating and dissecting tables, and at the bedside of invalids. Then his case is ballotted upon, and decision rendered according to merit.

Without any egotism, I would state, that as far back as the year 1859, shortly after I had graduated, and when I was deeply impressed with the need of a more exalted medical standard, I advocated among my professional friends the following:

1st. A preliminary examination to determine if the candidate had brain enough to study medicine.

2d. The lengthening of college terms.

3d. Daily oral examinations, at every sacrifice.

4th. A system of merits and demerits; and regulations which would enforce attendance on lectures on penalty of prompt dismissal.

5th. The founding, by the Government, of a Central Medical Examining College, to be located in Washington City, with officers selected and salaried by Government. Of course, such an institution could not suffer from the evils of competition.

Before the Faculty, en masse, of this Institution, the graduates of every College in the country should be compelled to appear, and receive a license, or not, to practise medicine, according to the decision of said Faculty.

I was laughed at for my chimerical ideas, so-called, by one and all. But in this latter day, all of us rejoice that there are, at least, dawns of a brighter day breaking for the profession; and when such men as Gross, of the "Jefferson," and Stillé, of the "University," acknowledged luminaries in our medical galaxy, espouse the cause which this article advocates, can we be

despondent? To those two Gentlemen, with every sentiment of respect, the Author begs leave to dedicate this Paper.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE,
November 20th, 1867.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Barton's Fracture of the Radius.

Mary McS., æt. 30. This woman slipped off the steps and fell into the cellar this morning, about two hours ago, throwing out her right arm to save herself. There is a projection upon the dorsal surface of the right wrist, a good deal of swelling there, and also another projection upon the palmar aspect of the forearm. The hand droops. A conspicuous feature is the fossa, ditch or hollow between the root of the thumb and the swelling on the palmar aspect of the forearm. Much of the swelling present is the result of extravasation of blood, such as usually takes place near the seat of injury in fractures and dislocations.

The very contour of this limb is denotive of the nature of the accident, a fracture of the inferior extremity of the radius, immediately above the wrist joint, probably extending into the articulation. All the ordinary phenomena of this injury are present. Upon taking hold with the thumb and finger of the radius about the inferior third of the arm, and then rotating the hand of the patient, the radius is found to be stationary. The fracture is oblique, a portion of the extremity of the bone being chipped off. This extremity of the radius contains a vast amount of areolar tissue, the compact substance in advance life being hardly as thick as the thinnest sheet of paper. The consequence is that the bone is exceedingly brittle, and fracture is very liable to take place when a person is thrown forward and receives the weight of the body on the hand. The lower fragment is thrown backward, perhaps in the first instance by the force of the fall, afterwards by the contraction of the extensor muscles of the arm.

The characteristic configuration of the part here present, might lead one at first sight to believe that there is partial dislocation of the wrist joint. Many cases of malpractice have had this origin, the practitioner assuming from the contour of the hand and wrist, that a dislocation had occurred and treating it accordingly, until it was too late to remedy the deformity.

Fracture takes place at different portions of the extent of the inferior extremity of the radius. In some cases, it extends into the articulation, as it evidently does here. In others it is situated an inch or an inch and a quarter above the wrist joint, not extending into the articulation. Sometimes it is multiple. Professor Gross has seen as many as five or six fragments.

The proper diagnosis in these cases can be ar-

arrived at by grasping the palm of the patient's hand with one hand, and seizing the radius with the other, and then rotating the hand. If there be a fracture, the radius will remain quiescent while the hand is thus turned upon its axis. If there be no fracture, the radius will move with the hand. Frequently, also, the existence of crepitation can be determined.

The Bond splint, as it is called, from the fact it was invented by the late Dr. HENRY BOND of this city, is admirably adapted to the treatment of this form of injury of the radius.

The hand and arm were bandaged, beginning at the fingers and applying from below upwards, as high up nearly as the bend of the arm. A little compress was placed in the back of the wrist, and another on the inside, so as to make gentle pressure opposite the seat of injury. Then two splints, in the absence of a Bond's splint, were used—one along the palmar aspect and another along the dorsal, the hollow of the hand being filled up with wadding, and the splints secured to the limb by means of the remainder of the bandage. The space between the splints and the forearm were well filled with wadding for the purpose of equalizing the pressure. Very slight pressure should always be made at the seat of injury, as the muscles are in a state of irritation in consequence of the violence done. Violent inflammation under such circumstances might readily be produced, terminating in mortification, as has happened, again and again. Therefore but slight pressure will be made for the next forty-eight hours, by which time the muscles will have accommodated themselves to their new relations. A patient affected in this way should be visited at least once in the twenty-four hours, if not more frequently, with the view of ascertaining the condition of the parts. After applying a bandage to an extremity, it is always well to see whether the patient can move the fingers or the toes, as the case may be. If not, it should be at once loosened. The hand will be kept in a state midway between pronation and supination—with the thumb looking towards the face. She was ordered to eat no meat and, to-morrow, to take a dose of salts or magnesia.

During the progress of such a case as this, passive motion should be instituted within, at all events, fifteen or eighteen days after the occurrence of the injury. Otherwise inflammation will be apt to extend to all the fingers as well as the thumb, leading ultimately to ankylosis.

Congenital Cystic Tumor.

This child, four months of age, was born with an encysted tumor on the right side of the neck. At the time of birth it was of considerable size. Professor GROSS saw it a few days afterwards. Subsequently, about two months ago, the tumor was punctured with an exploring needle, letting out a large portion of its contents, and leaving behind the shrunken integument, together with a solid mass, which has evidently a deep attachment to the side of the neck. If there is any water in the tumor now, it is very small in quantity. The swelling is hardly one-fourth the size it was. The skin is now shrivelled; before the

removal of the fluid it was very tense, and the tumor fluctuated distinctly under pressure. The child is well grown for its age.

This is one of the forms of cystic tumors of the neck. There are two varieties. In one the cyst is single; in the more common of the two it is multilocular. The most remarkable specimen of this growth Professor GROSS has ever seen, was in a little girl of this city, six weeks of age at the time of the operation. She had an enormous tumor in the left side of the face, extending below the ear, as low down as the clavicle, back nearly to the middle line, and forward as far as the anterior border of the sterno-cleido-mastoid muscle. The tumor, consisting of a series of cysts was dissected out, and the child recovered without a bad symptom.

In this case there is a good deal of solid material, with probably a very deep attachment. Growths of this description are frequently adherent to the cervical vertebrae. It is deemed necessary to operate now, because an operation will have to be performed sooner or later. Upon reaching the deep attachments, an eraser will probably be applied. There may be difficulty here in detaching the tumor from the deeper structures, not merely from the bone, but from the vessels of the neck; the carotid artery and jugular vein may be involved to a greater or less extent. There may be large vessels in it, as it appears to swell when the child cries.

It is possible for such a tumor as this to be connected with a fissure in the spinal canal. This, however, is not likely, as such tumors are generally situated at the posterior part of the trunk.

The child was placed under the influence of chloroform, and the tumor removed, the finger and the handle of the scalpel being used as much as possible, in the dissection, in preference to the knife. From the interior of the cyst a mass was removed, looking very much like the clot in aneurism, its precise character could not be ascertained, but it is evidently an organized substance. The whole of the cyst was removed, the eraser being employed to detach the deep portion. The jugular vein was at the bottom of the wound, traversing the tumor, and bulging up precisely like one of the cysts. The edges of the wound were brought together in the usual way, and three or four drops of laudanum given to the child.

Contraction of the Hand and Fingers.

This boy, eight years of age, injured his hand by a rope, which passed through it in rapid motion. During the progress of cure the fingers became tied down precisely as after a burn or scald, owing to the remarkable tendency to contraction on the part of cicatrices, new tissue, or inodular structure, as it has been called by the French writers.

Professor GROSS has not much faith in operations performed for the relief of such deformities. The fingers can be brought into a straight line and kept in that position by means of compress and bandage, but during the progress of cicatrization, the same tendency which existed in the first instance to contraction

will return, and in all probability reproduce the difficulty. As the contraction in this case is entirely on the part of the skin, not on the part of the tendons, it will be necessary to cut directly through the parts, no subcutaneous operation being possible.

The boy was placed under the influence of chloroform, and after division of the parts the hand was very readily brought into a straight position; the difficulty will be to prevent retraction. Strips of patent lint, spread with simple cerate, were placed upon the raw surface, and then a compress of patent lint, over which a splint, extending from the ends of the fingers as high up as the middle of the forearm, was confined by means of a roller.

Medical Societies.

NEW YORK MEDICAL JOURNAL ASSOCIATION.

Regular meeting, November 22d, 1867.

Dr. GURDON BUCK, in the chair.

On Anesthetics.

Dr. F. A. BURRELL read a resumé on anesthetics, briefly considering those which may be regarded as comparatively new, such as nitrous oxide, local anesthesia by freezing, tetrachloride of carbon, chloride of olefiant gas or Dutch liquid, bromide of ethyl, mixed vapors of chloroform, alcohol and ether, and, lastly, the bichloride of methylene. The greatest interest attaches to the bichloride of methylene, which bids fair to prove a successful rival to both ether and chloroform. In the few cases in which it has been administered in the human subject, no unpleasant effects have followed, but as its discoverer, Dr. RICHARDSON, remarks, its value as an anesthetic agent can only be determined by more extensive trial. At present it seems to possess all the advantages of chloroform, with few or none of its disadvantages.

With regard to the mixed vapors, the resumé does not report favorably. It seems to be generally admitted that owing to the great difference in the volatility of the separate agents, no great advantage is secured from the use of the mixture so frequently recommended.

Dr. W. R. WHITEHEAD then read a paper upon "The Prevention of Fatal Anesthesia from Chloroform by the use of Alcoholic Stimulants." We have only space for the more salient points. The object of the communication is to show that when stimulus is administered in moderate doses before giving chloroform, the fatal tendency of the latter is very much diminished. He was first impressed with the necessity of this precaution while a surgeon in the Russian army, during the siege of Sebastopol, and more recently during our late civil war. He has found his army experience confirmed from the observations of his civil practice. The Doctor never witnessed a fatal accident from the inhalation of chloroform during the Crimean war. The Russians observed unusual precautions in giving the

agent, and to this fact, perhaps, their unusual exemption from accidents is due. The Doctor then alluded to the great carelessness with which chloroform is too frequently given, familiarity with the agent having rendered the most prudent less cautious. It is not unusual to see the pulse neglected, while all are engrossed in the operation, until some alarming symptom startles the attendants to a sense of their duty, possibly when too late to revive the sinking forces of the nervous system, which have been suddenly and incautiously overwhelmed by an injudicious administration of the anæsthetic. The author maintains that such an effect is more readily produced if the circulatory system has not been previously stimulated by the moderate use of an arterial stimulant, such as brandy, which prevents the narcotic effects of the chloroform from going beyond the limits of reaction. In the giving of chloroform, two things are especially to be guarded against—prolonged inhalation, and excessive loss of blood during an operation, which will inevitably deprive the system of the necessary force to resist much depression. In these cases the patient, it is true, may not die on the operating table, but succumbs a few hours afterward or the next day. A question of importance here arises—how far would previous stimulation of the system by brandy have acted in averting the gradual ebbing away of life? The Doctor then gave certain facts which very strongly support his theory. During his military service in our civil war, he observed two fatal cases where every precaution had been employed in the giving of chloroform—and in addition to these, many others where very alarming symptoms ensued from the same cause. In none of these cases was stimulus previously used. Finally, after a few hours delay, some whisky was obtained, and the operations proceeded without any further trouble from the effects of the chloroform. The same chloroform was used after, as before the accidents, and all were forcibly impressed with the preventive effect which the whisky exerted. Upon the same principle the mixed vapors of alcohol and chloroform are safer than the vapor of chloroform alone. SANSON fully recognizes the influence of the alcohol vapor in counteracting depression of the heart's action by the chloroform and ether vapors. He states that he has found in his experiments "that alcohol has had the greatest effect in sustaining the heart's action during the influence of chloroform." Dr. WHITEHEAD further makes the important statement that in none of the recorded cases of death from chloroform has he been able to find that stimulus had been given before the inhalation of the anæsthetic vapor, and adds the testimony of others to that of his own in favor of such a practice. Dr. BURRITT of Bridgeport, Connecticut, in a letter addressed to the editors of the MEDICAL AND SURGICAL REPORTER (April 20th, 1867) states that a moderate dose of brandy given thirty minutes before an operation, very much lessens the risk, though the patient may be made more restless for a time, and further mentions that he has never read of a fatal case where this precaution was used. Brandy is especially called for if there be shock from an injury which necessitates an

operation, or if there be depression from emotional causes, such as the fears of an operation, or the dread of taking chloroform. In these cases, a small dose of stimulus tranquilizes the mind and renders the system less liable to be overcome by the subsequent administration of the anæsthetic agent. Another fact worthy of note is that the author has observed that intemperate persons who are usually long in coming under the influence of chloroform, are much sooner anesthetized when they have previously taken a little brandy. In cases too, where chloroform would seem to be contraindicated on account of previous disease, brandy frequently enables us to avert a portion at least of the dangerous result. This was specially noted by the author in a case where epileptiform convulsions were produced in a soldier by the giving of chloroform; they were so alarming that he desisted for a time, giving him in the meanwhile, a little brandy, after which chloroform was again cautiously administered without a recurrence of the unpleasant symptoms.

These were the main points brought forward. In addition to the testimony of Dr. BURRITT in favor of this practice, the author might have added that of Dr. J. M. BOISSON of Philadelphia, who says, in speaking of a case of dislocation of the femur, "It would have been impossible to reduce these dislocations without anæsthesia. The brandy which was administered between the reductions, I believe it would have been unsafe to proceed without."

Remarks being now in order, Dr. WHITE inquired as to the extent of Dr. WHITEHEAD's experience. The latter replied that he had used the method recommended, during the greater part of his military service in several hundred wounded, and for the last six years in his private practice.

Dr. BUCK stated that he had abjured the use of chloroform. Probably the first fatal result from its use in this country occurred in his own practice in the N. York hospital several years ago. The patient in that instance was to all appearances a perfectly healthy man. Two weeks before the fatal result occurred, the same patient had taken chloroform without any disagreeable result. The quantity administered was by no means large, certainly less than a drachm. The accident occurred very suddenly indeed, and all attempts at resuscitation were fruitless.

Since that time another sad instance has occurred in a case where he was called in consultation. The case was that of a young soldier who came from the Valley of the Shenandoah, with a wound of the tarsus, which finally necessitated amputation at the ankle joint. On two occasions when examination of the wound was called for, he was very importunate in requesting to be placed under chloroform. Dr. BUCK refused to give it, and ether was administered with no unpleasant effects. He afterwards removed a few miles from the city where his family resided. Through imprudence he took cold, and an abscess

formed in the stump which had to be opened. At this time Dr. BUCK again refused to give chloroform. A few days afterward he was again sent for, but being at that time confined to the house by indisposition, and the day moreover being very stormy, another gentleman went in Dr. BUCK's place, and being urged by the patient himself, he administered chloroform in his usual careful way, and opened the abscess; while wiping his lancet, his attention was attracted to the patient, by the extreme pallor of the face, he immediately felt for the pulse, but it was gone and never returned. Dr. BUCK concluded very emphatically by saying, that in the New York Hospital we now use ether.

Dr. HAMILTON believed that many fatal cases occur which never come to light. He had used stimulus before administration, but did not think that it protects the patient from a fatal result. He had found it useful in quieting that nervousness and dread which is sometimes seen when cases are brought into the amphitheatre for operation.

Dr. WHITEHEAD remarked that this point was brought forward in the paper. He believed that purely emotional causes, such as fright and dread, rendered the administration of chloroform more dangerous. Whisky will very frequently abolish these emotional causes, and therefore render the administration of an anæsthetic less dangerous.

Dr. NOYES stated that he had given whiskey previous to the administration of chloroform in the case of an old gentleman, and disagreeable results followed. The respiration was so greatly embarrassed that he was obliged to suspend it. The unpleasant symptoms were very marked indeed.

The quantity of whiskey given was two ounces. The Doctor further remarked that not unfrequently death is produced where only a very small quantity is administered for trivial operations, such as strabismus.

Dr. HAMILTON had noticed that in not a few deaths from chloroform, the patients were reported to have died from the shock of the operation. He believed that a very little chloroform makes a slight shock fatal. If there is any shock it is made more dangerous when chloroform is administered. He thought it was better to look this matter squarely in the face, and acknowledge that whenever chloroform is given to induce complete anæsthesia it is always attended with a certain amount of risk of a fatal result, no matter how great precaution is used in its administration.

A member inquired if any deaths had occurred from its use in obstetric practice.

Dr. NOEGGERATH in reply stated that there were no well authenticated instances. Two cases had been reported, but the facts were so at variance with the result that they could not be relied upon. One of these cases rests upon the authority of the husband of the woman. It is probable that the remarkable immunity of parturients from death by chloroform may be accounted for by the presence of cardiac hypertrophy which occurs during pregnancy. One of the

* Simultaneous dislocation of both hip-joints reduced by manipulation. J. M. Boisson, M. D. *Hays' Journal* for October.

principal causes of death from chloroform is paralysis of the heart, there is less danger, perhaps, from this source in parturient women, because the heart is stronger than under other circumstances. As to the causes of death, he believed that in many instances they might be averted by the previous administration of stimulus, a practice which is not uncommon in Germany. He had seen two cases where patients, sinking from the effects of chloroform, were restored by injections of warm water and whisky in the rectum.

But there are cases where only a very small dose has been followed by sudden death, in persons apparently in full health. It is interesting to note, that in the majority of such cases, adhesions of the lung to the thoracic wall have been discovered after death. This has been especially noticed by STRAUBE, of Berlin. These adhesions, of course, impeded the free action of the lungs, and in this way tended to produce a fatal result. This condition of things could not, of course, be demonstrated with certainty during life. Another cause of death in such cases is *sudden fatty degeneration of the heart*. This was found in five cases out of eight examined after death. The cause is, of course, obscure, depending upon some peculiar action of the vapor upon the liver and tissues of the heart, but the fact seems well established.

Dr. MOSES related a fatal case, occurring in an old gentleman who was operated upon for a fatty tumor of the groin. The patient died six hours after the operation. Whiskey was given before the administration of the chloroform, and ammonia used as a restorative.

Dr. WEBER thought that great importance was to be attached to the question, whether, in fatal cases, the chloroform was perfectly pure. He believed that where the article was pure, there was far less danger of a fatal result. He had witnessed two fatal cases in the practice of THIERSCH, of Germany. Every precaution was used in both cases.

Dr. HAMILTON called upon Dr. PACKARD, of Philadelphia, to give his experience. Dr. PACKARD related, that in the first place, he had witnessed one fatal result from the administration of ether, occurring in an old man with strangulated hernia. He was etherized twice within twelve hours, each time remaining under the influence of the anæsthetic about one hour. After the second administration, he died, with symptoms of pulmonary apoplexy. He did not think that such a result could occur, except in a very old man.

The best method of giving ether was that in which the patient is made to breathe an atmosphere of the vapor. This is easily accomplished by surrounding the ordinary cone of towel and sponge at the apex, with another cone of newspaper, in this way the patient gets the full benefit of the ether, and very little need be wasted. In regard to the use of the mixed vapor, he would say that Mr. PROCTOR, of Philadelphia, had found, on refilling bottles which had contained the ordinary mixture of one part of chloroform and two of ether, that the smell of the ether was still perceptible. It was the belief of Mr. PRO-

CTOR, that this mixture was less dangerous than chloroform alone. He had met with one fatal case from the use of chloroform, and another in which animation was for some time suspended. The first case was that of a soldier in the Beverly Hospital, in which re-amputation of a stump was to be performed. The agent was given with every precaution. The death was very sudden, the pulse ceasing almost instantly. The patient had had extreme dread, both of the operation and the administration of chloroform.

In another case, in which death was imminent, the patient was chloroformed for the removal of an encysted tumor of the back. He was suddenly taken with alarming symptoms, artificial respiration was tried, with no apparent benefit, a battery was then sent for. In the meanwhile, so far as could be ascertained, the pulse and respiration had entirely ceased. One pole of the battery (an electro-magnetic machine) was placed at the back of the neck, and the other at the epigastrium. After a few minutes, the pulse and respiration returned. For eight or ten minutes, the man was to all intents and purposes dead, and he believed he would have remained dead, if the battery had not been applied.

He would mention one other point not generally known, with regard to the inflammability of ether vapor. In performing operations by candle-light, a great objection to ether is that it is liable to take fire. Dr. PACKARD has proved by experiment, that the ether vapor will not take fire if the light is held above it, while if held below, it may take fire. In operations, then, by candle-light, there is no danger if the lamp is well elevated, as the gravity of the ether vapor causes it to descend.

The Society then adjourned.

M.

NEW YORK PATHOLOGICAL SOCIETY.

Regular meeting, November 27th, 1867.

Dr. HENRY B. SANDS in the chair.

Condensed from Phonographic Notes, for the MEDICAL AND SURGICAL REPORTER.

Results of Acupressure.

Dr. HUTCHINSON presented a section of an artery taken from a sheep, showing the effects of acupressure, and made the following remarks upon the subject: My first experiments with the method of acupressure were made upon the dead subject, by amputating the thigh, and then introducing the nozzle of a DAVIS' syringe into the arterial system above. In this way, by the pressure of a strong man's hand working the instrument, a jet of water could be projected through the artery to about the distance of five feet. I found no difficulty in arresting this current by the various methods of acupressure. I have since experimented upon sheep, and have also twice tried the method upon the living subject. The first case was that of a little girl, in which re-amputation was necessary after injury by railroad accident. In this case four needles were applied, and the hæmorrhage entirely arrested. A great deal of trouble followed the administration of the ether, in the way of vomiting, which

continued for some time after the operation. Soon after putting the girl to bed, a reddish serum began to ooze from the wound, and the stump became swollen. The edges of the wound had been very accurately drawn together by sutures. The oozing of bloody serum was probably due to the continued efforts at vomiting. At the end of twenty-four hours, the stump had become considerably distended. I then removed two of the sutures, when a small quantity of blood and pus escaped; at the same time all the acupressure needles were removed. Not a drop of blood followed the withdrawal of the needles. The remaining portion of the wound healed by the first intention.

In the second case, one requiring re-amputation of the foot, five acupressure needles were applied. In addition to this, it was necessary to apply persulphate of iron, to arrest bleeding from the surface of one of the bones, and also a ligature to a small artery near the bone, where acupressure was impracticable. The needles were removed this morning, twenty-two hours after the operation. In removing the last needle, there was a little oozing of blood, perhaps about one drachm. This is the amount of my experience with acupressure.

Dr. MARKOE said that he had applied acupressure in two cases, in conjunction with Dr. VAN BUREN. The wounds in both cases were large. In one case an amputation of the leg, and in another, that of the thigh. It was followed by considerable irritation and suppuration. It rather disgusted us with the operation, and led us to abandon it. Neither he nor I have repeated the operation by acupressure.

Effects of Loose Ligatures upon Arteries.

Dr. HOWARD presented several carefully prepared specimens, showing the results of his experiments with the loosely applied ligature.

Specimen No. 1. In this case I sought to ascertain what the result would be when the internal coats of the artery were brought together without inflicting any damage whatever to the coats of the vessel. I apprehended that some damage might occur from a sharp ligature, so I prepared one expressly for the purpose, consisting of a lead band about a line and a half in width. The edges of the same were made smooth, and the whole surface polished. This was carefully placed around the artery, and clamped, its length, when doubled upon itself, being about a line longer than the diameter of the artery.

On the 17th of October, thirty-seven days after the operation, an incision was made through the cicatrix, when immediately there presented itself at the wound, the ligature. On making further dissection, I saw that there was a great deal of fibrine deposited from the cicatrix downward to the vessel. I then removed a section of the artery for further examination, and found that at the point where the ligature was applied, there is an abscess involving the internal, middle, and, I think, the external coats.

From that point, through the whole extent of the effused fibrine, there is a sinus formed by the passage of the ligature outward.

Specimen No. 2. In this case a lead wire was

passed around the artery, outside the sheath, and brought together so as to have the ligature very loose. The diameter was diminished about one-half, at most, not more than two-thirds. This was done on the 31st of October. Twenty-two days afterward, the artery was examined, and at the cicatrix I found a small fluctuating tumor. On making a section of this tumor, a globule of pus escaped, of very firm consistency; on compressing it between the thumb and finger, it was found to contain the ligature. I then changed the dissection in such a way as to reserve the entire cicatrix for future examination. On examining the specimen, one can observe what is really very interesting and beautiful. The whole track of this ligature, from the point where it was applied outward, to the cyst where the pus accumulated, and in which lay the ligature, is plugged up by a cord of fibrine, so that hemorrhage was impossible, and the artery is perfectly occluded, as in the former case.

Specimen No. 3. In this case, a silk ligature was applied to the right carotid of a sheep on the 31st of October. I applied it so loosely as again only to diminish the calibre of the vessel about one-half or two-thirds, so that there was a little pulsation remaining at the distal point. This was also applied outside the sheath. Twenty-three days afterward, I removed a section of the artery, and found there had not been so much inflammatory disturbance as in the former instance. The ligature, which I had fastened in the integument, I found dangling loose near the edge of the wound—exactly when it was separated, I cannot tell. A longitudinal section of the artery shows that the vessel is perfectly occluded, and, moreover, that the clot is fibrinous and exceedingly firm. If there was any difference in the degree of tightness with which these ligatures were applied, the silk ligature was more loose than the other.

Specimen No. 4. In this case, I operated upon the right carotid of a sheep upon the 31st of October, my object being not to ascertain the effects of the ligature, but to ascertain what the result would be when the function of the artery should be entirely arrested. I therefore applied two silver-wire ligatures, not very tightly, but tight enough to secure occlusion. In tying the last ligature, it broke, and another was applied about a half-inch above. On examining the artery, what I anticipated, I found—that between the points of occlusion, the artery, through its whole course, is very much diminished, and on either side of the ligature there is perfect occlusion, extending about three lines. An interesting point was discovered when a longitudinal section of the artery was made, to find the ligature. I found that where I had applied the first ligature, it was wanting. On dissecting the whole mass, two sinuses were found. On passing a probe from without inward to points on the artery corresponding to the places of ligature, the first ligature was not detected, and I thought, then, I need not search any further, but on coming to the site of the uppermost ligature, there was remaining the other ligature, lying just at the opening leading outward, close to the mouth of the sinus, preparing itself for extrusion. Just below that, there is a

firm clot. This ligature would have disposed itself as did the others, if it had had a little more time, viz., by extrusion.

Specimen, No. 5. In this case a silver-wire was applied loosely, diminishing the calibre about one half, perhaps a little more than that. Twenty-three days afterward, on dissecting through the cicatrix, there was very little hemorrhage indeed, scarcely any oozing. In this case the occlusion is very perfect, indeed, and not by clots, but by organized fibrine. There is very little evidence of disturbance from the presence of the ligature. The ligature is visible here just where it was placed, the degree of looseness is apparent from the fact that a piece of whalebone can be seen between the wire and the artery, close to this can be seen an arterial branch, into which a piece of whalebone has also been passed.

These are the facts as far as they go. They exhibit this, that in cases where the loose ligature was applied, whether composed of silk, lead, or silver-wire, it has been followed by perfect occlusion. They exhibit also, that where the ligature is constructed of lead or silk, although there has been perfect occlusion, it has been accompanied by ulceration, suppuration, and extrusion of the ligature toward the surface. Where the silver-wire has been applied loosely, you have perfect occlusion, and entirely without either ulceration, suppuration, or attempts at extrusion of the ligature. As to the causes of these different results, they can be best determined by the accumulation of more facts. I would suggest, in considering the subject, that perhaps one point in the question is the *quality* of the ligature. Ought the different qualities of the different ligatures suffice to account for the difference in the result? Another point is the extrusion of the ligature. When the silver wire is applied loosely, may not the ultimate result depend partly upon this fact, that, contrary to what exists in all the other cases, there is no injury inflicted to the artery. Are the vasa vasorum strangulated in the other cases? As to the difference in the constitutional as well as local symptoms, they are very much less where the loose silver wire has been employed. The changes appear to be induced very gradually, without much exaggeration of the capillary circulation. The branches gradually enlarge themselves to their new condition.

Dr. MARKOE inquired if Dr. HOWARD had employed the *silver wire drawn tightly*, and what the result had been. Dr. HOWARD replied that he had, and that, as a result, he had found the silver wire either in the centre of an abscess, extruded, or preparing to extrude itself.

Dr. HOWARD presented another arterial specimen, showing the difference in result between the application of an ordinary and the flat knot. The result was more perfect where the flat knot was employed.

Glandular Tumor.

Dr. KRAKOWITZER presented a tumor removed from a young lady, 25 years of age. It was taken from the region of the right parotid gland. Eighteen or twenty years ago, a similar tumor was said to have been removed from the same

region by her family physician. The present growth lay between the ramus of the jaw and the mastoid process, and has, for some time back, caused considerable difficulty in mastication. The skin over the tumor was loose. The growth was removed by a longitudinal incision, without difficulty. It is very lobulated in appearance, and seems to be composed of a number of nodules. Only a superficial microscopical examination has been made, revealing mainly elastic tissue, in the interstices of which there are many cells containing small nuclei. These cells are very easily pressed out of the interlacings of the elastic fibre. Besides these, a number of very marked, elongated, caudate cells were found arranged in circular nests, in the middle of which there are larger cells with more nuclei than one. The aspect of the tumor by the naked eye, forbids the idea of malignant origin, and yet the appearance of these nests of cells makes it probable that it was undergoing malignant transformation.

Necrosis.

Dr. KRAKOWITZER presented a second specimen, illustrating the importance of preliminary examinations in operations for the removal of dead bone. He was called in April, to see a boy suffering from inflammatory disease of the bone. An abscess had formed, which was immediately opened, and a very careful examination of the parts made. Some time afterward an operation was performed for the removal of the dead bone. Two separate sinuses had formed on the inner aspect of the thigh, about two inches apart. An incision was made between the vastus internus and biceps muscles, and the posterior part of the thigh-bone readily reached, and the dead bone extracted without trouble. In this connection, the Doctor stated that it was of very great importance to make a complete exploration when the first incision is made. Without the knowledge gained in this way, he would have operated in quite a different manner in this case, but knowing, from his first incision, the precise position of the dead bone, he had no difficulty in finding it when it became necessary to operate.

Removal of Stone by Allarton's Method.

Dr. KRAKOWITZER also presented a stone removed two weeks ago from a gentleman 62 years of age. He came to this country 30 years ago, and changed his business from that of a wine merchant to that of a clothier, since which time his habits have been temperate. His symptoms of stone date back about 9 years, but until recently they have not been very troublesome. During the last six weeks he has suffered from considerable pain, and has at times passed bloody urine. On examining with the sound a clear ringing sound was elicited. The patient being extremely fat, all efforts to determine the size of the stone by an examination per rectum proved unsatisfactory. An operation was performed by median lithotomy, or ALLARTON'S method, and the bladder very easily reached. After three or four unsuccessful efforts the stone was finally seized in its smallest diameter and extracted. The stone in its smallest diameter measures not quite one inch. If the stone had been too large to extract

in this way, he would have removed it by enlarging the incision into the prostate. The patient was treated in the manner laid down by Dr. MARKOE in his paper upon this subject, and in a short time was able to urinate from the bladder. After 36 hours the greater quantity of the urine passed by the natural orifice. On the 9th day while passing two ounces of urine, only 11 drops escaped from the incision. On the 11th day the urine ceased to flow from the wound.

Ovarian Tumor.

Professor DELAFIELD presented an ovarian tumor removed from a female aged 69 years, accompanied with rather an imperfect written history. It was removed by Dr. ATLEE of Philadelphia. The exact particulars of the case he is not able to give. It was first discovered some ten years ago, and has rapidly increased in size, interfering very much with the digestive function. The abdomen measured five feet in circumference. The tumor was twice tapped. The first time 60 pounds of thick purulent fluid was removed, and at the last tapping 52 pounds. The tumor when removed weighed 48 pounds. It had contracted numerous adhesions to the abdominal walls, and the uterus was involved. Twenty-four hours after the operation the patient seemed quite comfortable, suffering from no pain, with a pulse of 120; soon after this she sank rapidly, and died in thirty-six hours after the operation.

The tumor was superficially examined by Dr. KRAKOWITZER, who thought it consisted almost entirely of the uterus, resembling the case which he had recently reported to the Society.

Dr. BUCK thought that the presence of pus in the first tapping should have dissuaded from the operation.

Dr. VAN BUREN said that in the case of a young lady operated upon by Dr. ATLEE, where pus was revealed by tapping, the result had been unfortunate. When he last heard from her she was said to be "sinking."

Dr. SAYRE remarked that this was one of the most formidable of Dr. ATLEE's cases. The girl lay for some five or six days in articulo mortis, but eventually recovered.

Dr. VEDDER had heard that this young lady was now up and about.

Dr. MARKOE asked concerning the results of removal of the uterus. A few cases were related in which rapid death was the prominent feature after the operation.

Tuberculous Degeneration of Pelvic Viscera.

Dr. VAN BUREN presented the pelvic viscera removed from a young lady 22 years of age, with the following history. The most prominent symptom in this case was great difficulty in passing water, which first appeared while she was convalescing from typhoid fever. She went to the water-closet a day or two after being able to leave the bed, and while there was exposed to a draught of cold air, this was soon followed by violent pain in the bladder, and a very frequent desire to pass water. This continued for three months and finally resulted in the passage of blood and purulent matter from the bladder,

attended with great agony. When Dr. VAN BUREN saw her she had become greatly emaciated, and the lungs were the seat of tuberculous deposit. On examining the bladder with a sound, no prominence could be detected. An examination per rectum revealed nothing but a misplaced uterus. The pelvic organs were examined twelve hours after death. The bladder was greatly contracted, and its walls thickened. The Fallopian tubes were thickened and bound down to the pelvic walls by adhesions. The appendix vermiformis was ulcerated, and the rectum perforated. The kidneys and liver were healthy. The lungs were filled with miliary tubercles.

Poisoning by Phosphorus.

Dr. FINNEL presented the stomach of a woman who had poisoned herself by taking half a box of matches, putting them in a vessel and pouring boiling water over them, and drinking the resulting infusion. She died six hours afterwards. The stomach is greatly congested, showing large patches of intense redness.

Cancerous Deposit in the Occipital Bone.

Dr. LOONIS presented the calvaria of a woman who had died in the Charity Hospital on the 4th of November. She had been in the hospital about two months. Her history is very incomplete for the reason that she was not regarded as very ill until a few days before death. Her disease was looked upon as chronic rheumatism. Dr. LOONIS saw her forty-eight hours before death, and found her complaining of pain in the right arm and shoulder and in the muscles of the neck. There was also some puffiness about the face which led him to suspect BRIGHT'S disease. There was loss of power in the right hand, and also in the left leg with some loss of sensation. No diagnosis was made at the time, as it was thought that she would live until another visit was made. Directions were left for the urine to be examined. Two days afterward he found that she had died. She had grown very rapidly worse. The paralysis had increased in the right arm and extended to the right leg, and twenty-four hours after the first visit she had become completely paralyzed. She died suddenly. At the post-mortem all the organs of the abdomen and thorax, with the exception of the heart, were found healthy. The coronary artery of the heart was ossified, and the left ventricle hypertrophied. On examining the posterior portion of the calvaria the bones were found very much softened, looking and feeling very much like cartilage in some places, at others like muscle, and at others very soft and gelatinous. Upon the inner surface there were a number of little elevations containing a gelatinous fluid. The other bones of the body presented no such change as this but they were more friable than healthy bones should be. There was no deposit in any of the organs except this. The microscope showed the growth to consist of fibrous bands and elongated cells containing nuclei and nucleoli.

Dr. KRAKOWITZER remarked, that the drawing illustrating the microscopic appearance very much resembled the appearances found in true cartilaginous tissue.

Dr. VAN BUREN saw a case some twelve or fif-

teen years ago in Bellevue, in which a man died suddenly with symptoms of pressure on the encephalon. After death the bones of the skull were found very soft, the knife going through them as if it were cutting cheese. The bones were over an inch in thickness, the normal element being replaced by cancerous deposit.

Dr. Post pertinently propounded the question, what killed the woman in Dr. Loomis' case?

Dr. Loomis did not know, there was no effusion in the brain.

Dr. Terry presented a specimen of stricture of the urethra which had existed for twenty-five years.

The Society then went into executive session.

EDITORIAL DEPARTMENT.

Periscope.

Comparative Value of Life in City and Country.

At the recent meeting of the American Social Science Association at Boston, Dr. EDWARD JARVIS of Rochester read an interesting and able paper on the "Comparative Value of Life in City and Country." He recited the divine maxim, that it is not good for man to be alone, and said that, though first prescribed for domestic life, it has been extended to social life. Solitary life on the part of any person or family is a manifestation of some mental or moral obliquity, or the result of some peculiar circumstance which is neither voluntarily encountered nor willingly endured from choice. The families of the earth are not willing to live out of sight or reach of each other. Neighborhood is desirable and almost necessary; and the closer it is the richer the blessing that accompanies it. After briefly stating the manner in which villages and then cities were formed, and the causes which operate to make one city larger than others, he states the general law that cities have a natural tendency to increase, not only by excess of births over deaths, but by constant immigration from the country, the latter, being at the same time, a part of its natural increase. In 20 years, in Massachusetts, the cities and large towns gained 109.9 per cent, and the rural districts gained 47.6 per cent. In the United States, the gain of cities was 186.5 per cent, and the rural gain was 72.5 per cent, in the same period, from 1840 to 1860. The gain of the States north of Mason and Dixon's line is represented by 174.5 and 33.1 per cent respectively, for city and country. In the south-east the figures 95.1 and 31 show the proportionate increase. The new States west of the Alleghenies, and north of the Ohio river, gained 487 and 155.3 per cent in the same time; the south-western States 226.1 and 106.5. In all the above examples, the larger number shows the per cent of increase of cities containing over 10,000 people in the two decades. In the year 1800, 6.8 per cent of the whole population of Massachusetts was in a town of over 10,000 people; in 1820, 10.7 per cent; in 1840, 22.07 per cent; in

1860, 39.9 per cent; in 1865, 49.5 per cent. The same disproportion in growth exists in other countries. In England the large towns increased 123.7 per cent in the 40 years from 1801 to 1840, and 46.37 per cent in the ensuing 20 years. The rural population during the same periods increased but 63.9 and 16.12 per cent. The proportion of the population in large towns in Scotland to the whole population increased from 24.9 per cent in 1801 to 44.6 per cent. Belgium, Prussia, Austria, Bagaria, Baden, Sweden and France were also brought to the stand to testify to the same law. The last instance is very marked. During a period of 25 years the towns increased 53 per cent, the country 3.2 per cent. Paris in 30 years gained 115.83 per cent; all the rest of France 12.3 per cent. The population in all France is doubled in 198 years, in 170 large towns in 33 years, in Paris in 28 years. The population of cities increases not only by extension, but by condensation. Assuming the density for a given space as 1,000 in all France, and the same number for a smaller but determined extent of ground in Paris, and the increase of condensation is still greater in the city than in the country on its own basis. Thus:

	1831.	1841.	1846.	1851.	1856.	1861.
France.....	1,000	1,021	1,055	1,061	1,069	1,074
Paris.....	1,000	1,079	1,233	1,285	1,560	1,767

or to state it in words, whatever may have been the density of population in 1836, it has increased in all France 7.6 per cent, and in Paris 76.7 per cent, in 25 years. The cities live at the expense of the country. Families are exhausted and die out and their places are filled by new comers from the country. This was illustrated by the case of Paris, where it was estimated by a writer in 1842, that among 300,000 people then living in Paris, there were probably not 1,000 who could trace their families in that city back 200 years; or, the 200,000 people living in Paris in the reign of Louis XIII., instead of multiplying to 400,000 in two centuries, had dwindled down to 1,000. According to PRICE, 10,000, and according to HUME, 5,000 people from the country are necessary to keep the population of London up to its number.

Splenotomy.

M. KOEBERLE reports a case in which he performed splenotomy, on the 14th of September last. The patient died. In his paper he gives a notice of six cases which have been recorded; three successful, and three failed. Two in the sixteenth century, by FANTONI and ZACARELLI, were successful. In the first of these the spleen protruded through an abscess of the abdominal walls, which had been opened, and it was accordingly excised. The remaining four cases are in the present century, as follows: Quastenbaum, 1836, fatal; Kuchler, 1855, fatal; Spencer Wells, 1865, fatal; Pean, Sept. 6, 1867. Patient was very well six weeks after the operation. KOEBERLE's is the seventh case on record, and the fourth fatal. A case similar to the first mentioned is reported in FLINR's Practice, in which a portion of the spleen, which protruded from the gun-shot wound, was removed by ligature.—*Med. Gazette.*

New Treatment for Tænia.

A novel method of expelling tape-worms is adopted by Dr. LORTET. While recognizing the value of oil of male fern, and other anthelmintics, he is, nevertheless, looking after something better to give in those intractable cases in which the usual remedies may have been vainly used. Dr. LORTET has administered in a few cases, sulphuric ether, which acts upon the worm as it does upon man, that is, renders it insensible. Shortly after the exhibition of the ether, a mild purgative is given. The plan is to give five drachms of ether at a dose, and to follow it in two hours by an ounce of castor-oil. The worm is discharged without causing pain, entire or almost so, and always with the cephalic end intact. Though but few have been subjected to this treatment, yet its uniform success, even in two instances where other means had failed, make it worthy of notice.

Foreign Bodies in the Air Passages.—A New Method of Removal.

Dr. JOHN McDOWELL (*Humboldt Medical Archives*) recommends, in addition to inversion of the body, that firm pressure be made upon the projecting angle of the thyroid cartilage, or *Pomum Adami*, so as to widen the aperture of the glottis. By inverting the patient we gain the benefit of gravity. If now the head be thrown back, the *Pomum Adami* firmly pressed upon the cervical vertebra, so as to relax the vocal chords, the lungs filled by a deep inspiration, and the chest struck a smart blow or compressed quickly by a strong man, the best possible opportunity for the escape of the foreign body will exist.—*Pacific Med. Journal*.

Reviews and Book Notices.**NOTES ON BOOKS.**

Quite a number of French medical works have recently appeared. They are Dr. A. CAUSIS's "Etude sur les Polypes du Larynx chez les Enfants; Dr. DUPRILOR's "Considerations Generales sur les Neuropathies de la Grossesse; Dr. J. F. MIQUEL's "Lettres Medicales" to put an end to errors about eruptive diseases and their specific character; Dr. A. ROUSTAN's "Recherches sur l'Inoculabilité de la Phthisis Pulmonaire;" Dr. A. SENTOUX's "De la Surexcitation des Facultés Intellectuelles dans la Folie;" Dr. L. DA COROGNA's "Influence of Volcanic Emanations on Organized Beings, and especially at Santorin during the Eruption of 1866; Dr. G. E. FREDET "On the Use of Chloroform in Simple Accouchements, Obstetrical Operations, etc.;" Dr. T. GANAHL's "Considérations sur la Superfoetation; Dr. P. GINGEOT's "Essay upon the Therapeutical Employment of Alcohol with Children, and on the Action of this Agent in the Treatment

of Acute Febrile Diseases;" Dr. S. LASKOWSKI's "Etude sur l'Hydropisie Enkystée de l'Ovaire."

The following pamphlets have been received.

"How far do the Facts accompanying the Prevalence of Epidemic Cholera in Chicago during the Summer and Autumn of 1866, throw Light on the Etiology of that Disease?" By N. S. DAVIS, M.D. Presented to the Section on Meteorology, Medical Topography, and Epidemic Diseases, of the American Medical Association, May, 1867.

"Report of a Special Committee of the Commissioners of Fairmount Park, upon the Preservation of the Purity of the Water Supply." Philadelphia: 1867.

Annual Report of the Surgeon-General U. S. Army. 1867.

Twelfth Annual Report of the Births, Marriages, and Deaths in the City of Providence, for the year 1866. By EDWIN M. SNOW, M.D., Superintendent of Health and City Registrar. Providence: 1867.

Mechanical Therapeutics: A Practical Treatise on Surgical Apparatus, Appliances, and Elementary Operations; embracing Bandaging, Minor Surgery, Orthopraxy, and the Treatment of Fractures and Dislocations. By PHILIP S. WALES, M.D., Surgeon U. S. N. With six hundred and forty-two illustrations. Philadelphia: H. C. LEA. 1867. One vol., 8vo., pp. 684. Cloth, \$5.75, sheep, \$6.75.

There was need of a work of this kind, which in one compact volume would sum up and put a value upon the rapidly increasing armamentarium of the surgeon. The "minor surgeries" which, by various authors, undertook to supply this deficiency, were too narrow in scope, and all of them left much to be desired in point of thoroughness. Dr. WALES's work supplies this need, and does it in a thoroughly satisfactory manner, as every physician will agree after examining the work. While more particularly adapted for the use of those expecting to enter the medical corps of the army or navy, it has nothing in it that any practitioner may not profitably read, and nothing but what he ought to know.

The estimate placed upon the different appliances described, are based upon the author's own observations to a very great extent, and are marked by care and impartiality. We do not doubt the book will have a large sale, as it certainly deserves to have.

— MR. SAMSON GAMGEE reports two cases in which he used the new anæsthetic, the bichloride of methylene. He states that the effects accord perfectly with those described by Dr. RICHARDSON.

Medical and Surgical Reporter.

PHILADELPHIA, DECEMBER 14, 1867.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., Editors.

NOTICE TO SUBSCRIBERS.

From the 1st of January, 1868, we shall strictly enforce again, our old rule requiring payment in advance. For reasons given some years since, pre-payment has not been insisted upon—but the circumstances of the country are now such that we feel warranted in again requiring it.

Those who have not yet paid for the current year, will please remit immediately. There are several thousand dollars due on current subscriptions, which must be paid soon to insure a continuance of the *REPORTER* to the delinquents. The amounts are insignificant to subscribers, but the aggregate is large enough to be embarrassing to us.

RENEWALS AND INCREASE.

The season of the year has come when most of the subscribers to the *MEDICAL AND SURGICAL REPORTER* renew their subscriptions. In doing so, we would urge upon them the importance of renewed efforts to *EXTEND OUR CIRCULATION*. They will thus give us the means to further improve the work. Will not each subscriber exert himself to send a *new name*? A very little effort would double the circulation of the *REPORTER*, to the manifest advantage of all concerned. Let us have the effort.

THE COMPENDIUM.

The announcement of the Half-Yearly Compendium of Medical Science has been received with much favor, and a large number of names are already booked for it. Its plan is calculated to make it popular and useful, and we have every reason to believe that it will give satisfaction. We intend that it shall be the best work of the kind in the English language. Will the readers of the *REPORTER* aid us in its circulation?

THE DAILY POCKET RECORD.

A revised edition of this work has been prepared, and will be ready in a few days. The List of New Remedies has been extended, and there has been added Doses of Medicine for Hypodermic Medication, Inhalation, and for Suppositories and Pessaries. The Classified List of the Articles of the *Materia Medica* has been entirely rewritten and the prices revised. Tables for the Examination of the Urine, and of Normal Weights and Measurements of the Human Body have been added. Also blanks for a Cash Record. The book will also be some narrower than the last edition, and there will be an edition for double the number of patients weekly. When desired, we stamp the name on the tuck.

This work has been received with marked favor, and, anticipating a large sale, we have provided a large edition.

Our edition of the *REPORTER* for Dec. 7th has run short. Subscribers who do not care to keep files of their journals, will confer a great favor by sending us that number, which will be credited on their subscriptions.

A NEW METHOD OF APPLYING DISINFECTANTS.

One of the chief difficulties in the minds of people generally, with regard to the application of disinfectants for the prevention of the escape of foul gases from water closets, privies, chamber vessels, swill pails, and other domestic sources of disease, is *how to do it*, especially in such a manner as to avoid any exposure of the excrements, etc., to the air before, or while making the application. To obviate this difficulty, and to facilitate the application, in so simple and easy a manner that even a child can accomplish it at any time and under all circumstances, has been a great desideratum, and we are gratified to be able to announce a contrivance for this purpose which embraces all the desired points, viz., simplicity, facility, economy, and constant readiness.

It is in the form of a hollow cover, capable of containing a bulk of any kind of powder, and so arranged that by a slight turn of the handle on top, a few apertures in the bottom of the vessel are opened, whereby a portion of the disinfecting contents drops into the vessel on which it is placed, and then by a spring closes itself, thus preventing any waste of the powder.

The most striking illustrations of the injurious effects of the foul gases which emanate from chamber vessels, and other similar sources, are the prisons of this and other countries. According to a recent report of a commission appointed by the New York Prison Association, who examined those institutions in Canada and in nearly every state of the union, the universal custom is to have in each cell a *night pail* to receive all the excrements of the occupants while in confinement, the poisonous gases from which necessarily pervade the entire institution. The results have been in very numerous instances, endemic diseases of various kinds, but most generally typhus fever, causing the loss of many lives, not only of prisoners, but also of the attendants, and the loss of incalculable days of labor, by sickness also.

The attachment to each pail of the "*Ready Disinfecter*," (as it is appropriately called by its patentee, a Mr. RANKIN, of Brooklyn, New York) would unquestionably be acceptable to every convict, as it would enable them to avoid the offensive odors to which they are now continually subject while locked up in their cells, and also save the health and lives now so abundantly sacrificed thereby. With this cheap and simple means of avoiding this abundant cause of poisonous air, the government of every prison should be held responsible for every life lost thereby.

We have heard of its being used in some private dwellings, where it has proved very satisfactory, and believed to have proved prophylactic of cholera, etc. In every hospital, and all other charitable institutions where many people congregate, it would be found a valuable adjunct of their sanitary arrangements.

Notes and Comments.

Interesting Lecture.

Dr. GROSS, the distinguished Professor of Surgery in Jefferson Medical College, delivered a lecture to the profession on the evening of Dec. 5th, on the life of that eminent American Surgeon, the late Dr. VALENTINE MOTT, of New York. It was a most interesting discourse. The hall of the College was crowded to excess. Among those present we noticed eminent members of the legal and clerical professions of this city, besides the son and grandson of Dr. MOTT, of New York, who were introduced to the audience at the close of the lecture. Professor Gross engaged the attention of all for two hours. It was a fitting and able tribute to the memory of one of America's noblest and greatest medical men.

Consumption in Rhode Island.

In the City Registrar's Report of Providence, R. I., for the month of November, 1867, the deaths by tuberculosis amounted to 25 per cent. of the whole.

But, as is well remarked by the Registrar (Dr. E. M. SNOW), "The extremely large proportion (25 per cent.) from consumption, proves the healthy condition of the city; because the mortality from this disease is not easily influenced by temporary causes, and if the mortality from other diseases is small, the per centage from consumption must be large."

A Public Health Bill in Canada.

It is well for the profession and the public of Canada, that now, as it is just entering on a new career, as it were, as a nation, that it has at least one professional man who looks after its sanitary interests. Dr. MARSDEN, of Quebec, has proposed in the Provincial Parliament a Public Health Bill, which, it is announced, will be taken charge of by the Government,—which we interpret to mean that it has the support and influence of the Government. Dr. MARSDEN has long urged various sanitary reforms through the columns of the medical journals and the newspapers of Canada, and also in the medical journals of

the United States, and before the American Medical Association. If a good, sensible, efficient Health act can be passed in Canada, we may take it in "the States" by contagion, and thus Dr. MARSDEN may be laboring for us as well as for Canada.

We understand that a public testimonial has been set on foot in Quebec, in acknowledgment of Dr. MARSDEN's services.

Using Impure Vaccine Virus.

It is stated that at a meeting of the Board of Education of New York, held last week, a "communication was received from Drs. CARNOCHAN, WHITNEY, and others, calling the attention of the Board to a flagrant wrong that is committed upon the children of the public schools, by the use of impure and vitiated virus by public surgeons, who are vaccinating them under the recent order of the Board of Health. The communication called upon the Board of Education to prevent the continuance of the wrong, by prohibiting the use of impure virus. The communication was referred to a special committee of five."

Can it be possible that the Board of Health have in their employ men who will recklessly use "impure and vitiated" vaccine virus, in the performance of so important and necessary an operation! If these charges are true, they should be fastened on the guilty parties, who should not only be discharged from the service of the Board of Health, but be disciplined by the medical bodies with which they are connected, unless they can make a good defence against the charges.

Long Island College Hospital.

The medical college connected with the Long Island Hospital, at Brooklyn, seems to be one of the most prosperous of the medical colleges of the country. It has always had a good faculty, numbering some of the ablest teachers of medicine in New York and its vicinity. Several changes have been made in the faculty of late, which are intended to increase its efficiency, though we should think it would be difficult to replace the able men who have just left.

Prof. FORD, who enjoys the reputation of being one of the ablest teachers in this country, has accepted the chair of Anatomy, for which he is so eminently qualified. Dr. FOSTER SWIFT, who has for several years been engaged in teaching, and has won for himself an enviable position, has been appointed to the Obstetrical chair. Much ability is thus added to the Faculty, which already embraced distinguished talent.

Backbiting.

We have received a letter signed "SUBSCRIBER" from a Western State, making a violent attack on the faculty of a medical college recently organized, accusing them of irregular practices, deficient education, etc. We do not know whether these charges are true or false, but were we ever so convinced of their verity, we would not publish the communication of a writer who is either afraid or ashamed to give his true name. We beg to inform him, therefore, that his letter is safely consigned to the waste-basket.

The New York Evening Post.

This sterling paper, edited by WILLIAM CULLEN BRYANT, has again effected arrangements by which its weekly issue, and the *American Agriculturist* or the *Riverside Magazine* are furnished at a very moderate price. These three papers will supply families with very excellent reading in their several departments. The *Evening Post* weekly, and *Agriculturist*, \$2.50 a year; the same and *Riverside Magazine*, \$3 a year; all three at \$4 a year. The *Evening Post*, semi-weekly, and either the *Agriculturist* or *Riverside Magazine*, \$4 a year. Cheap literature, and good! WILLIAM C. BRYANT, & Co., 41 Nassau st., New York.

Cholera.

The ship Lord Brougham, arrived at the New York quarantine grounds, recently, from Hamburg in forty-eight days, with about twenty of the passengers sick with Asiatic cholera.

"The Deputy Health Officer of the port, Dr. REED, boarded the vessel, and after a thorough examination, ordered her to be anchored in the lower bay, and the sick passengers to be transferred to the hospital ship Illinois. The ship Lord Brougham left Hamburg with a crew of eighteen, and a passenger list showing three hundred and eighty-three passengers, all in the steerage. When but two days at sea, symptoms of the cholera became manifest among the passengers, and from that time until within eight days of the arrival of the vessel at New York, the disease raged with terrible effect, carrying off no less than seventy-five persons, in some cases entire families, and prostrating a score or more, who still lie in a precarious condition. The captain of the vessel, Mr. JORGENSEN, reports that the weather during the voyage, and especially during the early part, was remarkably fine and warm; and this, no doubt, accelerated the spread of the disease. The ship sailed without a physician, so that when the infection became known the efforts made to check its progress were crude and ineffective, and the mortality increased from day to day until the weather became colder.

"Had a competent physician been attached to the vessel, there can be no doubt that the mor-

tality would have been much less, although, perhaps, the breaking out of the disease could not be avoided. The ship is clean and roomy; the passengers were by no means crowded, and the origin of the disease must, therefore, have been among the passengers themselves, or must have been conveyed in their clothing and baggage."

We understand, also, that vessels from New Orleans are quarantined at New York in consequence of the alleged prevalence of cholera in that city.

Any of our readers who, during the Holiday season, or at any other time, may desire to get a first-class Piano, or Cottage Organ, (ESTER'S make,) will be sure of satisfactory dealing, and most gentlemanly attention, from Mr. E. M. BRUCE, No. 18 North Seventh street, a few doors above Market street.

Correspondence.**DOMESTIC.****EDITORS MEDICAL AND SURGICAL REPORTER:**

I have a curious and somewhat interesting specimen, which I obtained from a farmer of this town. He says he had noticed one of his turkeys, about four months old, had not seemed well, but went about with its wings drooping for some days. One morning he discovered that she was making great efforts to discharge something, per rectum, which was hanging from her body three or four inches. He caught her, and pulled away what appeared to be a long roll of grass, partly decomposed; but, upon close inspection, proved to be a great number of *tænia*, closely intermingled with some strong vegetable fibre, from leaves of grass, or some other vegetable food she had eaten, which doubtless destroyed the lives of the worms. He separated forty worms, in water, from the fibres which held them together, and others were destroyed by separation. They varied in length from four to twenty inches. The turkey has remained well since discharging these *tænia*, which was two months ago.

If any of your numerous readers can give any light in this case, it will be gladly received.

From your regular patron,

H. J. HORTON.

Berlin, Rensselaer co., N. Y.

[It does not seem probable that these were *tænia*, but some other variety of intestinal worm, expelled, doubtless, by the eating of some of the anthelmintic grasses.—Eds.]

Castor oil in Hemorrhoids.

EDITORS MEDICAL AND SURGICAL REPORTER:

Having suffered for a time from the above painful disease, and having had recourse to almost all of our modern remedies with more or less satisfaction as to their efficiency, I will give you the treatment that did me the most good in alleviating those excruciating pains peculiar to inflamed internal hemorrhoids, with rigid contraction of the sphincter ani. Having tried opiates, astringents, stimulants, both internally and externally, as lotions or enemata, and during a status of high inflammation, I in my agony, had resort to the theory of heat and moisture, and found a great and permanent relief, from injections of ol. risini, the oil being as warm as I could possibly bear it. I have tried in this way adeps, ol. olivæ, glycerina, and various animal oils, but they all prove more or less irritating.

As an aperient in plethoric (or so inclined) patients and others, I give the most credit to sodæ et potass. tart. about ʒiij. to aq. font. f. ʒvj. about an hour before breakfast. Balsam copaibæ and pix burgundy, internally, cannot be over-esteemed, in all cases, the former given two capsules three times a day, and the latter 10 gr. in 2 gr. pills at bedtime. Having experienced with the above remedies, assisted by good hygienic treatment, the best success in my practice, a perfect cure in several cases, as well as in my own, I think it worth while to submit it to your readers.

FERDINAND LESSING,

Ass't. Surg. U. S. A.

Norfolk, Va., December 7th, 1867.

News and Miscellany.

Queries for Observers.

The following queries are propounded by the North Carolina State Medical Society, to each of the county society committees on epidemics and prevailing diseases:

- 1st. What is the topography of your County?
- 2d. What is the elevation above the Sea?
- 3d. What are the prevailing winds and temperature.
- 4th. What are your ordinary diseases—Epidemic and Endemic?
- 5th. If you have had an Epidemic, describe its nature, and give the dates and local directions of its appearance and disappearance.
- 6th. What are the diseases of the seasons; as Winter, Spring, Summer and Fall. Have you observed anything peculiar in the season and diseases of this year?
- 7th. Give a general plan of your treatment for the more common diseases of your County?

8th. Do you ever give a larger dose of the same remedy at one season than another, or observe any difference in its action at different periods?

9th. What are the ordinary doses of the principal remedies: as Quinine, Opium, Mercury, etc.?

10th. What indigenous remedies do you use, and for what diseases? How do you prepare them, and what is the dose?

11th. What as to new remedies?

12th. Do you think the troubles of our times have had any influence in producing disease, or affected it when developed?

13th. Give a full history of the cases that have proved fatal in your practice this year, with the treatment.

This idea is a good one, and we believe that if every medical society would adopt a similar plan, it would increase the aggregate amount of knowledge very materially.

Medical Society of Harford County, Md.

This Society, though lately formed, evinces already a considerable amount of vigor. The semi-annual meeting was held at Bel Air, on the 12th of November. The attendance was not large, but the proceedings were unusually interesting. Dr. W. S. Forwood read a paper evincing great research, on the subject of diphtheria.

Dr. LEE, chairman of the committee appointed at a previous meeting to report upon the medical law passed by the last Legislature, made a report, which was accepted, on motion of Dr. SILVER. The report condemns the law, and sets forth that it was unconstitutional in this, that it interfered with contracts heretofore existing; that it is in violation of the chartered rights of the Medical College of this State, and that it is calculated to foster jealousy, political as well as personal, besides subjecting the profession to license and taxes which are unjust.

Moisture and Mortality.

Rain, on the whole, would seem to exert a kindly and healthy influence. There is nothing very deadly in it. It may occasion catarrhs and rheumatic complaints, but these are curable with a little management and medicine. And we are apt to put to its credit the washing away of many of the most injurious causes of disease by a good flushing of the sewers. Summer diarrhoea, cholera, and typhoid fever would be likely to be greatly lessened by a copious rain fall. So says the London *Lancet*, and an examination of a meteorological and mortality chart for last year shows that in this city the deaths from all diseases were fewest in numbers during times when the number of inches of rain was the greatest. Dr. TRENCH, the medical officer of health for Liverpool, has satisfied himself by a series of careful observations, extending over a number of years, that there is an inverse ratio between the amount of rain and the amount of mortality from infantile summer diarrhoea. To the same effect are the tables given by Mr. McPHERSON, illustrating the relations of moisture to the mortality of chol-

era in Calcutta. According to these tables, the least mortality from cholera in Calcutta occurs in the months of July, August, and September, which are emphatically the wet months.

RESIGNATION OF PROFESSOR NÉLATON.

The London *Lancet* of October 12 says: The principal topic of medical interest in Paris during the last fortnight has been Prof. NÉLATON's resignation of his clinical chair at the Faculty. This determination of the celebrated surgeon has been much commented upon. But the fact is that M. NÉLATON, whose practice was already one of the largest in Paris, has been overwhelmed with work since the demise of JOBERT DE LAMBALLE, of MICHON, and of VELPEAU. He has, therefore, been compelled to sacrifice his more scientific occupations to the necessities of his *clientèle*. TROUSSEAU had been obliged some time before his death to come to a like determination. M. NÉLATON's retirement will be the more deeply felt as it takes place so soon after the death of VELPEAU, and the consequent loss of that illustrious surgeon's teaching at La Charité. The cliniques of M. VELPEAU and M. NÉLATON, owing to the great reputation and well-known ability of the rival surgeons, were the most attractive in Paris, and invariably drew crowds of students and foreign medical visitors to their respective wards.

A large gathering of physicians took place at DELMONICO's, N. Y. city, on the evening of Nov. 26, to commemorate the anniversary of the Society for Relief of the Widows and Orphans of Medical Men. An elegant dinner was served, and a band of music added to the attractions of the evening. Toasts and speeches were made, and great good feeling prevailed. About three thousand dollars was received from new members, and the sum of five hundred dollars from a friend who modestly did not wish his name announced. The best speech of the evening was from Mr. CHOATE, who responded for the law. Speeches in response to toasts were also made by Rev. COTTON SMITH, Dr. DETMOLD, Dr. HEWIT, Dr. HOWARD, and others. The objects of the society are such as to commend it to the profession.

Dr. JOHN P. GARRISH has recently established in New York the Cosmopolitan Hospital for the gratuitous treatment of maladies of the eye and ear, and has commenced a series of lectures on ophthalmic surgery at the Hospital Rooms, No. 65 West Thirty-fourth St.

NAVY NEWS.

List of changes, etc., in the Medical Department of the Navy, for the week ending December 7th, 1867.

Acting Assistant Surgeon, E. A. Dulin, resigned.

T. W. Bennett, ordered to the U. S. ship *Saco*.

Assistant Surgeon, Lewis S. Pilcher, detached from Naval Hospital, New York, and ordered to U. S. Ship *Penobscot*.

Acting Assistant Surgeon T. M. Drummond promoted to Acting Passed Assistant Surgeon.

DIED.

ATWOOD.—In New York, Dec. 2, Phebe Anna, wife of H. Courtenay Atwood, M. D., and only daughter of Wm. Tillinghast, of Albany.

MAURY.—At his residence in Sunflower co., Miss., Dr. Robert Emmett Maury, in the 50th year of his age.

ROYSTON.—Laura Matilda, daughter of Dr. M. T. C. and Mrs. Adeline F. Royston, born March 29th, 1852, died Oct. 4th, 1867.

TAYLOR.—In New York, Nov. 30th, Eliza Mary, wife of Prof. Isaac E. Taylor, M. D., and daughter of the late Smart Mollan.

WHITING.—In Lunenburg, Mass., Nov. 24th, Danforth Whiting, M. D., formerly of Augusta, Me., aged 37 years.

OBITUARY.

Surgeon H. F. McSherry.

This young and energetic officer died recently on board the corvette *Wyoming*, while returning from the Asiatic Squadron. He entered the service in 1860, and was promoted to be a full surgeon in 1863. During his service in the Navy, he held some positions of the greatest responsibility, and always proved himself a man of thorough science and ability in his profession.

ANSWERS TO CORRESPONDENTS.

Various Correspondents.—The address of Dr. S. D. Gross, "Then and Now," is out of print, and cannot be obtained.

Dr. P. J. S. of Pa.—A vaccinator will cost you \$4.50.

Dr. S. A. B. of Ind.—"Please inform me concerning the merits of an instrument called the 'Equalizer,' which, as near as I can learn, is dry cupping on a large scale? Instruments of this kind have been before the profession for many years. They have been thoroughly tested in the French hospitals, especially in cases of gonorrhea and hysteria of the internal viscera, but the results have not been decisive. The question of their value may still be considered *sub judice*."

Dr. W. D. N. of Md.—You have a balance in our hands of \$6.25. Shall we apply it to *REPORTER* for 1868 and Pocket Record?

Dr. H. W. P. of Tenn.—The Manual costs \$2.00, which please forward. The connection between ovulation and menstruation in the human female, or whether there is any inseparable connection, is still, as you correctly intimate, a *questio vacata*.

Dr. W. B. T. of Ga.—1. There is no very late edition of Bennett on the Uterus. 2. We can get for you Sm's work on the Genito-Urinary Apparatus of the female. 3. It is still deemed contrary to the etiquette of the profession to advertise a specialty in journals not medical. 4. You will find a large number of new books on diseases of women mentioned in the *REPORTER* during the last six months.

Dr. R. B. of Pa.—Upham's Fresh Meat Cure may do good, but it is certainly no better than raw beef or fresh beef essence.

Dr. M. H. L. of O.—It will cost about \$10.00 to have a skeleton mounted here; but you can easily get it done in the city where you live, by any handy mechanic, and save money and time.

Dr. W. M. C. of Ill.—"I am writing a work with the view of educating the popular mind to the necessity of eradicating PROSTITUTION. Can I make a better arrangement in Philadelphia than in Cincinnati, for its publication?" We think not. No publisher will print a work of this nature on his own risk. You will have to pay him for it.

METEOROLOGY.

November,	25,	26,	27,	28,	29,	30,	D. 1.
Wind.....	E.	W.	N. W.	E.	F.	N. W.	W.
Weather.....	Cl'dy.	Cl'dy.	Clear.	Cl'dy.	Cl'dy.	Clear.	Clear.
Depth Rain.....					5-10		
<i>Thermometer.</i>							
Minimum.....	33°	46°	33°	39°	35°	30°	10°
At 8, A. M.....	45	55	42	48	43	39	25
At 12, M.....	50	60	58	51	49	35	28
At 3, P. M.....	52	62	59	52	51	32	26
Mean.....	45.	55.75	48.	47.50	44.50	34.	22.25
<i>Barometer.</i>							
At 12, M.....	30.3	30.1	30.1	30.1	29.8	29.9	30.5
Germantown, Pa				B. J. LEEDOM.			